

The Client Satisfaction of Health Care in Public and Private Centers and Health Houses in Qom Province

¹Fatemeh Taghizadeh, ²Zahra Abdollahi and ³Hassan Taghizadeh

¹Department of Mental Health, Public Health Center, Mazandaran University of Medical sciences, Sari, Iran

²Department of Midwifery Education, Nasibeh Nursing and Midwifery Faculty, Mazandaran University of Medical Sciences, Sari, Iran

³Anesteologist, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Abstract: Patient satisfaction survey is an instrumental component in health centers quality of care monitoring in relation to cost and services. This study was conducted to evaluate patient satisfaction and its related factors. This cross sectional study was based on inpatients who were admitted in the private and public health centers in Qom province. The data was collected from 10 public clinics, 6 private clinics and 13 health house. To study the satisfaction rate, A questionnaire (Verified by researchers) was used in a sample of 768 randomly selected people referring to rural centers and 384 people referring to urban centers. Sample size was according to the four geographic areas of Qom. Then the sample size according to client's rate to each wards (the family health room, the injection and dressing room, The doctor room and the admission section) was determined. The reliability of questionnaire according to cronbach"s coefficient α in doctors room, Admission room, injection and dressing room, Family health section and behvarz (in rural area) in 30 sample size was determined 0.69, 0.71, 0.75, 0.66, 0.70. Random numbers were used to choose the individuals for the study. The questionnaires were given to the patients after they agreed to complete them. No evidence of unwillingness was detected and all consented to cooperate. In this study, the satisfaction rate more than 75% was acceptable. Usually the satisfaction rate more than 75% is optimal in heath system. The satisfaction rate (The satisfaction > 75%) of family health section in private center was 47% and in public center was 45%. The satisfaction rate (>75%) of injection and dressing room in public and private centers had significant different ($p=0.004$), And in private centers was more than public centers. The satisfaction of doctors in two centers wasn't significant. In admission section, the satisfaction in both centers wasn't significant. The findings showed that total satisfaction rate in private and governmental (public) clinics is not different ($p.v=0.006$). In addition, the satisfaction rate in main and satellite villages (satisfaction of behvarz) showed significant difference ($p=0.001$). In general, patients weren't quite satisfied with health center care. More studies such as this survey are required to improve the quality of care and overall health cares outcome In health centers and health houses.

Key words: Satisfaction • Care • Health Centers • Behvarz • Client • Main And Satellite Health Houses

INTRODUCTION

Customer satisfaction represents every organization's sole purpose [1] as it is at the heart of every mission statement and ultimate goal of any strategy. Customer satisfaction is defined as a feeling of pleasure or disappointment resulting from comparing product's perceived performance (or outcome) in relation to his or her expectations [2]. Hence, customer satisfaction can be regarded as a mental state which results from the

customer's comparison of (a) expectations prior to a purchase with (b) performance perceptions after a purchase [3-4]. A customer may make such comparisons for each part of an offer (specific satisfaction) or for the offer in total (overall satisfaction). Further, service provider characteristics and its organization environment as well as customer wants and how he or she communicates with others may affect satisfaction level. Patient confidence (sense of security, wellbeing and expectations) affects patient satisfaction in all three

Corresponding Author: Zahra Abdollahi, Department of Midwifery Education, Nasibeh Nursing and Midwifery Faculty, Mazandaran University of Medical sciences, Sari, Iran. PO Box: 4816711447.
Tel/Fax: +98 0151 2255661.

settings, other service factors, such as treatment quality and physical appearance influence ratings of satisfaction in one or two settings [5].

Satisfaction is an important issue in health care nowadays. Although it may seem impossible to keep all clients satisfied, we can achieve a high level of satisfaction by working on related indicators and trying to improve them [6]. Studies from other countries indicate that using the results obtained from satisfaction surveys can have a profound effect on the quality of services [7-8].

Measurement of patient satisfaction is expected to play an increasingly important role in the growing push toward accountability among health care providers in urban centers are personnel of four wards (admission room, Family. health room, doctors and injection-dressing room. Providers in villages are behvarzes in health houses. Overshadowed by measures of clinical processes and outcomes in the quality of care equation [9].

Gender, sex and education play a major role in patient satisfaction.[10] In Iranian surveys, satisfaction level of patients who were treated by male doctors was greater than females and an inverse relationship between patient satisfaction and education was observed.[11,12] There is a lack of studies about patient satisfaction among patients admitted in health centers and health houses (center and satellite villages) Therefore the aim of this study was to find out patient satisfaction with care in explore the associated factors.

Methodology: This cross sectional study was based on inpatients who were admitted in the private and public health centers in Qom province. The data was collected from 10 public clinics, 6 private clinics and 13 health houses. To study the satisfaction rate, A questionnaire (Verified by researchers) was used in a sample of 768 randomly selected people referring to rural centers and 384 people referring to urban centers.

Sample size was according to the four geographic areas of Qom. Then the sample size according to client's rate to each wards (the family's health room, the injection and dressing's room, The doctor's room and the admission's section) was determined and $n = \frac{z^2 p q}{d^2} = 384$
 $z=1.96$ $d=5\%$ $p=1/2$ $q=1/2$ $\alpha=5\%$

The reliability of questionnaire according to α kronbakh in doctors room, Admission room, injection and dressing room, Family health section and behvarz (in rural area) in 30 sample size was determined 0.69,0. 71, 75, 0.66, 0.70.

Random numbers were used to choose the individuals for the study. The questionnaires were given to the patients after they agreed to complete them. No evidence of unwillingness was detected and all consented to cooperate. In this study, the rate more than 75% was considered optimal.

Data analysis was performed by using spss13 software Associations between categorical variables within the sample were tested.

RESULTS

Usually the satisfaction rate more than 75% is optimal in heath system. The satisfaction rate (The satisfaction > 75%) of family health section in private center was 47% and in public center was 45% (1).

The satisfaction rate (>75%) of injection and dressing room in public and private centers had significant different (p=0.004) (2) and in private centers was more than public centers. The satisfaction of doctors in two centers wasn't significant (3).

In admission section, the satisfactions in both centers wasn't significant (4). The findings showed that total satisfaction rate in private and governmental (public) clinics is not different (p.v=0.006) (5).Total satisfaction rate in urban centers in males was 87% and in females was 84.47%

In addition, the satisfaction rate in main and satellite villages (satisfaction of behvarz) showed significant difference (p=0.001) (6).

Table 1: satisfaction rate in Family health's room

		Satisfaction. Rate %				
center	Index	0-25	26-50	51-75	76-100	Total
public	Frequency %	9	48	120	147	324
		28	14.8	37	45.4	100
Private	Frequency %	2	7	20	26	55
		36	12.7	36.4	47.3	100
Total	Frequency %	11	55	140	173	379
		29	14.5	36.9	45.6	100

The satisfaction rate (>75) in pubic center is %45 and private center is %47

Table 2: Satisfaction in injection 8 dressing room

		Satisfaction. Rate %		
center	Index	25-75	76-100	Total
public	Frequency %	13	9	22
		59.1	40.9	100
Private	Frequency %	28	74	102
		27.5	72.5	100
Total	Frequency %	41	83	124
		33.1	66.9	100

$0.004 = P.V \quad 1 = df \quad 8.2 = \chi^2$

Table 3: Satisfaction rate in doctors' room

		Satisfaction. Rate %				
index		0-25	26-50	51-75	76-100	Total
Frequency		4	16	33	73	126
%		3.2	12.7	26.2	57.9	100

The almost satisfaction of clients is more than %75

Table 4: Satisfaction of all sections

		Satisfaction. Rate %			
Center	(physician) Doctor	Injection	Reception	Family health	Mean
Pubic	82.50	81.49	93.21	81.59	84.70
Private	82.09	83.24	86.41	84.40	84.04
Mean of satisfaction	82.30	82.37	89.81	83.00	84.37

Table 5: total satisfaction

		Satisfaction. Rate %				
section	Index	0-25	26-50	51-75	76-100	Total
Family health	Frequency %	11	55	140	173	379
		1.5	7.3	18.5	22.9	50.1
Reception	Frequency %	4	16	34	73	127
		0.5	2.1	4.5	9.7	16.8
Injection and dressing	Frequency %	4	15	22	83	124
		0.5	2.0	2.9	11.0	16.4
Doctors	Frequency %	4	16	33	73	126
		0.5	2.1	4.4	9.7	16.7
Total	Frequency %	23	102	229	402	756
		3.0	13.5	30.3	53.2	100

$0.006 = P.V \quad 9 = df \quad 23.3 = \chi^2$

Table 6: The satisfaction in villages (behvarz)

		index	
village	S.d	Mean of satisfaction %	Frequency of clients
Main	2	86.5	259
satellite	1.3	69.5	208

$P = 0.001$

$f = 296.2$

With fisher test, the average of satisfaction in central and satellite village has significant difference

DISCUSSION

Patient satisfaction is considered one of the important quality indicator (s) Measurement of patient satisfaction stands poised to play an increasingly important role in the growing push toward accountability among health care providers [7]. This has placed

considerable strain on many facilities, with the increasing demand for service-much of it inappropriate to the site of care-leading to long waiting times, crowded conditions, boarding patients in hallways, increased ambulance diversions and highly variable care and outcomes [13]. The study by Hall and Press [1996] in the US shows that an association exists between patients' satisfaction and

the respect they receive from physicians and nurses during waiting times [8]. The findings of the study by Omidvari and colleagues [2008] at five large hospitals of the Tehran University of Medical Sciences were to some extent similar to our findings: 85.6% and 41.8% of clients showed satisfaction above average and very good, respectively. It is also true that those who waited longer were less satisfied [14]. In another study in provincial teaching hospitals in Ghazvin, Iran, 94.4% of the clients were satisfied with hospital services. This study shows that a meaningful relationship exists between age, gender, education level and satisfaction [15] in this study, satisfaction rate of urban centers in males was 87% and in female was 84.74%.

Aragon's investigation indicates that overall service satisfaction is a function of patient satisfaction with the physician, with the waiting time and with nursing service, hierarchically relating to the patients' perception that the physician provides the greatest clinical value, followed by time spent waiting for the physician and then satisfaction with the nursing care [16]. In our study, the satisfaction of behaviors was significant in center village and satellite village. Meanwhile the satisfaction at four sections in urban health centers was significant.

A cross-sectional study in Turkey among 1,113 patients indicated that there was a profound association between the physicians' skills, friendliness or courtesy of physicians, the process of triage, information the care provider gave the patient about his/her illness and medications, the discharge process and satisfaction level [17]. In Taylor's study in Australia, it was evident that staff orientation with an educational film and workshop on how to communicate effectively with patients and having a nurse to explain the diagnostic and treatment processes to patients improved the patient's satisfaction levels [18] the satisfaction rate more than 75% is optimal [19].

recommend that management, when devising long-term mission and strategy, give sufficient attention to the development of their human resources. Such a strategy should be leveraged on attracting and retaining competent and customer-oriented administrative staff, investing in continuous professional development of human resources and using advanced technologies to improve the quality and speed of admission and administrative services.

If this strategy is adopted, it is likely that health centers attract and retain more customers who also actively engage in informing others of unique characteristics of the health centers and suggesting treatment in the health centers and health houses to relatives and friends

CONCLUSION

Our findings showed that in order to provide optimal health services and win patients' satisfaction, research based interventions are needed in areas such as clinical care processes, nursing services, staff behavior and treatment of patients, physical environment and waiting time. To make these improvements, institutionalizing quality management in health services is a must and using its feedback in a systematic way can enhance efficiency and patient satisfaction with the health care. Gender may play a major role in patient's satisfaction as female healthcare professionals responsibilities at home may be affecting their performance thus resulting in less patient satisfaction.

ACKNOWLEDGEMENTS

This study was supported by Qom university of medical sciences and by planning and management organization of Qom province.

REFERENCES

1. Butcher, K., 2000. Effects of relational outcomes on customer loyalty. Unpublished PhD dissertation, Griffith University, Australia, pp: 31.
2. Zairi, M., 2000. Managing customer satisfaction: A best practice perspective. *The TQM Magazine*, 12(6): 389-94.
3. Kotler, P., 1997. *Marketing management: Analysis, planning, implementation and control*. 9th ed. Prentice-Hall, New Jersey.
4. Westbrook, R.A. and R.L. Oliver, 1991. The dimensionality of consumption emotion patterns and consumer satisfaction, *J. Consumer Res.*, 18: 84-91.
5. Boshoff, C. and B. Gray, 2004. The relationship between service quality, customer satisfaction and buying intentions in the private hospital industry. *South African Business Management*, 35(4): 27-37.
6. Lau, F.L., 2000. Can communication skills workshops for emergency department doctors improve patient satisfaction *Emergency Med. J.*, 17: 251-53.
7. Press Graney Associates: Press Graney measures hospital patient satisfaction, 2007 [http://healthcare.fologixsys.com/Resources/press_graney_measures_patient_satisfaction].
8. Hall, M.F., 1996. Press I: Keys to patient satisfaction in the emergency department: results of a multiple facility study. *Hospital Health Service Adm.*, 41(4): 515-32.

10. Annemieke, P.B. and G.H.T. Andrew, 2006. Predicting and comparing patient satisfaction in four different model of health care across a nation. *Social Sci. Med.*, 63: 1671-83.
9. Guadagnino, C., 2003. Role of patient satisfaction. *Physicians News Digest.*, pp: 1-11.
11. Bahrapour, A. and F. Zolala, 2005. Patient satisfaction and related factors in Kerman hospitals. *Eastern Mediterranean Health J.*, 11: 905-12.
12. Ayatollahi, S.M.T., 1999. Patient satisfaction from their consultant physicians in Shiraz. *J. Kerman Univ. Med. Sci.*, 3: 149-56.
13. Press Graney Associates, 2009. Emergency Department pulse report. [[http://healthcare.fologixsys.com/Resources/Emergency Department pulse report](http://healthcare.fologixsys.com/Resources/Emergency%20Department%20pulse%20report)].
14. Omidvari, S., A. Shahidzadeh, A. Montazeri, S.A. Azin, A.M. Harirchi and H. Souri, 2008. Patient satisfaction survey in the hospitals of Tehran University of medical Sciences, Tehran, Iran. *Paiesh, Health Sci. J. Jihad Daneshgahi*, 2: 141-152, (Persian).
15. Shaikhi, M.R. and A. Javadi, 2004. Patient satisfaction survey in medical services in Ghazvin University of medical Sciences, Ghazvin, Iran. *Journal of Ghazvin University of Medical Sciences*, 29: 62-66, (Persian).
16. Hedges, J.R., A. Trout and A.R. Magnusson, 2002. Satisfied Patients Exiting the Emergency Department (SPEED) Study. *Acad. Emerg. Med.*, 9(1): 15-21.
17. Topacoglu, H., O. Karcioğlu, N. Ozucelik, M. Zsarac, V. Degerli, S. Sari kay, *et al.*, 2004. Analysis of factors affecting satisfaction in the emergency department: a survey of 1019 patients. *Adv. Ther.*, 21(6): 380-388.
18. Taylor Dand, M.P., E. Kennedyand, G. Virtueand and Mc. Donald, 2006. A multifaceted intervention improves patient satisfaction and perceptions of emergency department care. *Intl. J. for Quality in Health Care*, 10(3): 1-8.
19. Sedghiani, A., 1998. Evaluation health care and hospitals standards, The Art and science's publisher, pp: 60-221.